

L-26 Request for Overnight Storage of Restricted GED Test Material

Dedicated FAX number for this form: (202) 464-4853

GED Testing Service

of the American Council on Education One Dupont Circle, NW, Suite 250 Washington, DC 20036 (202) 939-9490

Test Center, Addendum and Storage I	nformation			
10-Digit Center ID Number:			Date:/	dd yyyy
Chief Examiner Name:				
Address of Testing Center making reque	est:			
Address of Addendum:				
Address where restricted GED Test mate	erials will be store	ed overnight:		
("Restricted GED Test Materials may not	he stored at the	addendum site " G	ED Evaminar's N	Janual Section (1)
		audendum site, G	ED Examiner S IV	ariuai Section 9)
Distance between Testing Center and Ad	dendum Site:			
Testing Schedule Start Time (hh:mm am/pm):	End Time (hh:m	nm am/pm):	How often	per month?
Number of candidates tested each year:	Do	es storage file hav	e a locking bar?	Yes N
If storage is safe, does it have dual locks	? Yes	No		
Who has keys or combination? Name and Title:				
Name and Title:				
Will storage of tests be limited to three or	fewer nights per	trip? Yes	No	
Describe storage area in detail:				
Check here if you are attaching addition	onal sheets			
Will the tests and restricted materials be	transported from	storage to the test	ing room in a locl	ked container?
Yes No				
Who will be the examiner?				
("Under no circumstances may personne Manual Section 9)	l at the addendui	m site administer th	ne GED Tests,"G	ED Examiner's
Administrator Use Only				
I have visited and inspected the storage fovernight storage for the restricted mater requirements outlined in the GED Examir	ials. I further cert			
Signature of GED Administrator		Date	Juris	diction